Application Form Sandusky County Small Business Relief Program

*Businesses/organizations will be required to provide documentation to verify data provided in order to be eligible for grants. Incorrect or incomplete information will result in disqualification of the business.

Name of Business/organization:		
Physical Address		
Number:	-	
Street:	-	
Suffix:	-	
Apt/Ste:	_	
City:	_	
Zip:	_	
Mailing Address (if different)		
Street:		
City:		
Zip Code:	_	
Business Owner Name(s):		
Contact Person Information:		
Contact Name:		
Contact Phone:		
Contact Email:		
Business Federal Tax ID Number or S		
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1. Is your business a for-profit entity with a location in Sandusky County?

o Yes o No
2. Is your organization a non-profit organization with a location in Sandusky County?
o Yes o No
3. What type of business entity are you?
o Sole Proprietor o S Corporation o Partnership o C Corporation o Limited Liability Company o Other
4. Has your business been in operation since January 2019?
o Yes o No
5. Did your business have less than \$1,000,000 in gross revenues/receipts during 2019?
o Yes o No
6 . Select the number of employees and/or 1099 workers (full time or part time) on March 22, 2020 from the options below: NOTE: If you are a sole proprietor, count as 1.
○ 1-10○ 11-30
7. Did your business experience a decrease in gross revenue/receipts/deposits as compared to the preceding fiscal year due to COVID-19 as evidenced by comparing March 1 – April 30, 2019 revenue/receipts/deposits to March 1 - April 30, 2020 revenue/receipts?
o Yes o No
8. How much funding is being requested? (Up to \$5,000)
o \$
9. Please check all that apply on how the grant funds will be used? (Documentation to demonstrate proof of payment for use of these funds will be required at closeout.)
□ Payroll □ Rent - not eligible for businesses that operate out of a personal residence

□ Materials and Supplies related to interruption of business caused by related closures
□ Personal Protective Equipment or other COVID-19 expenses related to compliance with Responsible
RestartOhio
□ Mortgage - not eligible for businesses that operate out of a personal residence
□ Other
□ Income Replacement - ONLY for Sole Proprietors that can document loss of revenue from March 1,
2020 - April 30, 2020 SO LONG AS no unemployment benefits are being or are expected to be received
by the applicant
NOTE : The following expenses are not eligible for grant funds: cost of vehicle or equipment leased or purchased after March 23, 2020, except if the purchase of equipment is to comply with Responsible RestartOhio; personal, non-business expenses of the business or its owner; construction costs; any tax, license, or fee obligations payable to any governmental entity.
10 . Has your business received or been approved for other federal assistance for lost revenue or expenses arising from the pandemic, including Paycheck Protection Program or Emergency Disaster Loan?
o Yes
o No
11. Has your business been approved for a business interruption insurance claim as a result of COVID-19?
o Yes
o No
12 . Is your business in compliance with all federal, state, county and local requirements applicable to its type of business?
o Yes
o No
13. Is your business in the bankruptcy process?
o Yes
o No
14. Are you a type of entity that is required to file with the Ohio Secretary of State?
o Yes
o No

. Is your business current with all federal, state, county and local taxes and fees taking into consideration any extended due dates due to COVID-19?

o Yes o No
16 . Is your business in good standing with all applicable government regulations related to building code or property maintenance issues?
o Yes o No
17. Is your business property a nuisance property for police/fire/EMS calls?
o Yes o No
18 . Is your business one of the following <u>ineligible small business</u> : adult entertainment, bank, savings and loan, credit union, e-commerce only, liquor/wine store, tobacco store, vaping store, cannabis dispensary or franchise not locally owned and independently operated?
o Yes o No
19. Which municipality or township is your business located in?
20. Summarize the financial and operational impacts that COVID-19 has had on your business.

APPLICANT STATEMENT

- □ By checking this box, I hereby attest that the information on this form is complete and accurate. If selected through the lottery I will provide all supporting documentation required for verification as outline below:
- 1. Have been operational since January 2019. This can be evidenced, at a minimum, by: a) filing(s) with the Ohio Secretary of State, such as article of incorporation or other registration documents along with an Ohio Secretary of State Certificate of Good Standing; b) an Ohio vendor's license; c) Federal Schedule C Profit or Loss from Business (Sole Proprietorship); or any other documents that demonstrate that the business has been in operation as a for-profit since January 2019.
- 2. Have less than \$1 million in gross revenue/receipts on an annual basis. This can be evidenced by records such as the business' 2018 and 2019 federal income tax return or any other financial statements or records.
- 3. Must have experienced a decrease in gross revenue/receipts/deposits as compared to the preceding fiscal year due to Covid-19 as evidenced when comparing March 1-April 30, 2019

revenue/receipts/deposits to revenue/receipts/deposits for March 1-April 30, 2020. This can be evidenced by financial information/records, including, at a minimum, bank statements.

- 4. Have no more than 30 employees or 1099 workers as of March 22, 2020. This can be demonstrated by forms such as 2019 Form W-3 (Transmittal of Wage and Tax Statement) or 2019 Form 1096 (Annual Summary and Transmittal of U.S. Information Returns) and payroll reports or checks that evidence number of workers as of March 22, 2020.
- 5. Business location in Sandusky County, Ohio and the grant funding will be used for expenses for that business. This can be evidenced by records such as a mortgage statement, utility bill, insurance premium statement and property tax bills.